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ABSTRACT

The marathon is a specific form of the psycho-process cluster which has its own identifiable characteristics, the basic one being intensity. The primary objective in structuring the marathon is to intensify physical and emotional contact in order to precipitate, encourage, and accelerate the process of behavior change. Myths which have evolved concerning marathons include: (1) participation in a marathon is good for anyone; (2) participation is a quick way to get rid of those "hang-ups" which have plagued you all your life; (3) participation promotes amoral and/or anti-social behavior; and (4) leading a marathon requires little training. Serious professional concerns are being voiced regarding the marathon which need to be dealt with: (1) leadership training; (2) absense of hard data evaluation of the outcomes of the marathon process; (3) publicity or advertisement; and (4) screening of participants. It is time to provide safeguards so that adequate use and protection from misuse can be made of this very effective therapeutic tool. (KJ)

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MYTHS AND CONCERNS RE: THE MARATHON

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Session Number 171

THE MARATHON: EFFICACY OF INTENSIVE PHYSICAL AND EMOTIONAL CONTACT

7:30 p.m. - 10:00 p.m., Jung Hotel, Royal Salon

Chairman: William A. Carlson, Western Michigan University, Kalamazoo, MI

Presenters: George M. Gazda, University of Georgia, Athens, Georgia
H. J. Geis, Columbia University, New York, N. Y.
Robert L. Betz, Western Michigan University, Kalamazoo, MI
Frederick H. Stoller, University of Southern California, Los Angeles, California

Discussant: Albert Ellis, Institute for Rational Living, New York, N. Y.

Recorder: Donald J. Tosi, Western Michigan University, Kalamazoo, MI

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MYTHS AND CONCERNS RE: THE MARATHON

Robert L. Betz, Ph.D.

Introduction

In order to establish contact with you, and to reach some area of shared knowledge, I believe it necessary for me to express some basic concepts regarding the marathon before I deal with the major focus of my paper---Myths and Concerns RE: The Marathon.

The psycho-process cluster is a collection of group experiences each of which has as one of its unique characteristics the primary objective of modifying the behavior of group members by focusing on that behavior during the group process.

Specialized group types which might be classified in the psycho-process cluster include the marathon, group psychotherapy, sensitivity training, basic encounter, group counseling, all of which focus on the interpersonal behavior of their members. At times, the specific names attributed to forms of the psycho-process cluster are native to a section of the country or peculiar to a certain theoretical point of view, i.e., the term "basic encounter" is most closely identified with the Rogerian approaches to counseling and psychotherapy.

The marathon is a specific form of the psycho-process cluster which has its own identifiable characteristics. The characteristic which distinguishes the marathon from other psycho-process types is indicated

by the name marathon itself. As the Winston Dictionary poignantly states, ". . .any contest requiring prolonged endurance." Interestingly, Soule's Dictionary of English Synonyms lists no word or words for marathon. So the word seems adequately descriptive and capable of standing on its own merits!

Clearly, the marathon's basic difference from other psycho-process types is in its intensity. Physical proximity and concentrated emotional contact are maximized by the structuring of the process itself. Some of the features of marathons promoting intensity are:

(1) Time as a variable: Marathons extend over a prolonged period of time, i.e., 24, 48, 72 hours, sometimes a week or more.

(2) Situation as a variable: A situation away from distraction is necessary; marathons are held at camp sites, in hotel suites and in wooded retreats which are free from non-participating members and outside influences.

(3) Size as a variable: Numbers attending are kept manageable; participant to staff ratio is low. A minimal number of contacts among marathon members is sufficient for participants to know each other intimately.

(4) Structure as a variable: Individuals are kept in contact. Meals are frequently brought in, sleeping space is provided and part of the staff is awake at all times to encounter and work with the participants.

(5) Process as a variable: Most marathon leaders use gaming, simulation and exercises to promote movement. These contrived experiences are leader-chosen and are designed to promote contact, uncovering the expression of feeling and feedback principally focused on the "here and now." The use of gaming, simulation and other devices seems to transcend theoretical boundaries.

Tersely, then, the primary objective in structuring the marathon is to intensify physical and emotional contact in order to precipitate, encourage and accelerate the process of behavior change!

SOME MYTHS

Since World War II the phenominal increase in the use of various group processes plus the emergence of the psycho-process models, especially the marathon, has caused many myths to evolve in both lay and professional writings.

Myth number one exalts the idea that participation in a marathon is good for anyone and especially good if you wish to become "more sensitive." Being sensitive is viewed by some as a god which in some magical way will make you more productive, easier to manage or get along with, and a better person. Therefore, to attain this objective reluctant, and in some cases highly resistant clients, workers, trainees, managers, etc., are being either directed to or covertly manipulated into participation.

Myth number two exalts the idea that participation in a marathon is a quick way to get rid of those "hang-ups" which have plagued you all your life---whether you are 16 or 60. The result is that some people desperately in need of psychological assistance turn to the marathon and use it as a substitute for effort and hard work in either individual or group therapy. In some sub-cultures, the marathon has become a plaything, a status symbol, the thing to do if you wish to be in the "in-crowd." Witness the recent movie, "Bob and Carol and Ted and Alice."

Myth number three exalts the idea that participation in a marathon promotes amoral and/or anti-social behavior. Free love, sexual deviation, promiscuity and irresponsibility are seen by critics of marathons as their natural and normal outcomes. In other words, the group

has the capacity to condone this behavior. These critics argue that group pressure and the use of "touchy-feely" techniques result in the breakdown of the individual's conscience and promotes a return to the animal or purely emotional state.

Myth number four exalts the idea that leading a marathon requires very little training. Many well-intentioned and highly educated persons with little background in the behavioral sciences, little knowledge of interpersonal dynamics and no intensive supervised experience are now advertising themselves as group leaders. Typically, the extent of their therapeutic experience is a series of physical techniques and exercises plus participation in a marathon or two.

Unfortunately, as with most billows of smoke, enough fire exists behind the smoke to make these myths credible. Not only is the public image of the marathon becoming tainted but also responsible professionals are raising serious questions regarding the marathon as a professional technique.

THE CONCERNS

Serious professional concerns are being voiced regarding the marathon which need to be dealt with if the fire behind the smoke is to disappear.

Four concerns emerge and will be discussed. The first concern is leadership training. Professional organizations have not set standards for the training, qualifications, educational background and/or experiences of marathon leaders. While they have promoted rigorous state and professional requirements in terms of the practice

of individual therapy, few states, if any at this writing, and few professionals individually or collectively have taken strong stands on what is or is not adequate training for the leader of the marathon. Such silence results in lay and professional confusion.

The second concern is the absense of hard data evaluation of the outcomes of the marathon process. The marathon has been used as a psycho-process model since the early fifties; yet little objective research is evident. Serious questions must be raised concerning the "re-entry" problem after the marathon, about the permanence of behavior change instituted during the marathon and about whether change is conformity to group pressure or real growth. These questions must be raised critically, research vigorously and disseminated extensively if the charge that marathons are nothing but psychic masturbations is to be countered effectively!

The third concern is with publicity or advertisement. While professional organizations and their committees on ethics have been precise in distinguishing between professional and unprofessional client solicitation in the individual arena little has been written regarding the marathon. It is a common occurence for groups to spring up as a result of advertising which lists few, if any, restrictions to membership and does not spell out the qualifications of the professional staff. It behooves professionals who are interested in sound professional practices to scrutinize the recruitment literature and to develop adequate guidelines for the protection of the public and good of the profession.

Finally, the fourth concern involves the screening of participants. Often marathons are advanced as "y'all come" sessions. Little effort is made to determine whether the person attending the marathon is in need of more intensive or long-term therapy or whether another course of treatment would be more beneficial than the marathon approach.

Over the years, differential diagnosis has played a significant role in professional judgements about treatment. Great effort has been made to insure that professionals are well equipped to make those judgments in order to provide the necessary and sufficient conditions for therapy. The marathon seems to be promoted by some as an open door situation where anyone can come and be "cured."

In summary, I believe the marathon has a promising future. I believe it can benefit many people, especially those who can profit and learn from <u>intensive</u> physical and emotional contacts. However, it is time to provide safeguards so that adequate use---and protection from misuse---can be made of this very effective therapeutic tool.